



APPLICATION FOR REFUND OF CONTRIBUTIONS - ERS

1. Please print or type clearly. **For faster service, this refund can be processed online by accessing your account at ers.ga.gov.**
2. Send this form to your Payroll Department. **Do not send to Employees' Retirement System (ERS).**
3. If the taxable portion (interest earned) of your refund is *less* than \$200.00, ERS will withhold federal income tax. Typically the rate is 30%, or if you are over 59 1/2, the withholding rate is 20%.
4. If the taxable portion (interest earned) of your refund is *more* than \$200.00, ERS is required to withhold federal income tax unless you directly roll over the taxable portion to another eligible retirement plan. You will be notified by ERS if this applies to you.
5. Refunds include accumulated employee contributions and credited interest earnings (if any).
6. **Upon receipt of refund application in this office, please allow 8 weeks for processing.**

SECTION 1 - MEMBER INFORMATION

Name: _____ SSN:

(Last) (First) (MI) (Maiden)

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: ____/____/____ E-mail : _____ Daytime Phone No: (____) _____
(mm) (dd) (yyyy)

State Agency/Department in which you were employed: _____

SECTION 2 - MEMBER SIGNATURE

I understand that Group Term Life Insurance (GTLI) charges are not refundable. I also understand that by receiving this refund I waive all rights to benefits accrued from this system, including GTLI.

Member Signature: _____ Date: _____

SECTION 3 - PERSONNEL/PAYROLL USE ONLY

1. Please provide the following dates for the above mentioned employee (if applicable).

Termination date: ____/____/____ Military Leave: ____/____/____ to ____/____/____ LWOP: ____/____/____ to ____/____/____

2. Complete salary & contributions information for the current fiscal year.

MONTH	SALARY	CONTRIBUTIONS
July		
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
TOTALS:		

3. Read the statement below and sign.

This employee has terminated with this Department. I certify that these amounts are the total and final employee and employer-paid contributions for the current and/or prior fiscal year.

Payroll Officer Name

Signature

Date

Telephone Number

FOR ERS USE ONLY - PRIOR YEAR'S INFO

Total # of Months: _____ Total Salary: _____ Total Contributions: _____